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ABSTRACT

The Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) has operated as a federal-state partnership since the Social Security Act was passed in 1935. Through Title V, the federal government pledged its support of state efforts to extend health and welfare services for mothers and children. Title V has been frequently amended in ensuing years to reflect changing national approaches to maternal and child health and welfare issues. This booklet provides an overview of Title V for those new to the Block Grant program and a compact guide for those familiar with Title V programs. For each portion of the law, a short synopsis is provided and relevant criteria explained. In addition, citations for the pertinent sections of Title V are included so that those interested in more detailed information can refer to the Title itself. (EV)

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U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

Understanding Title V of the Social Security Act

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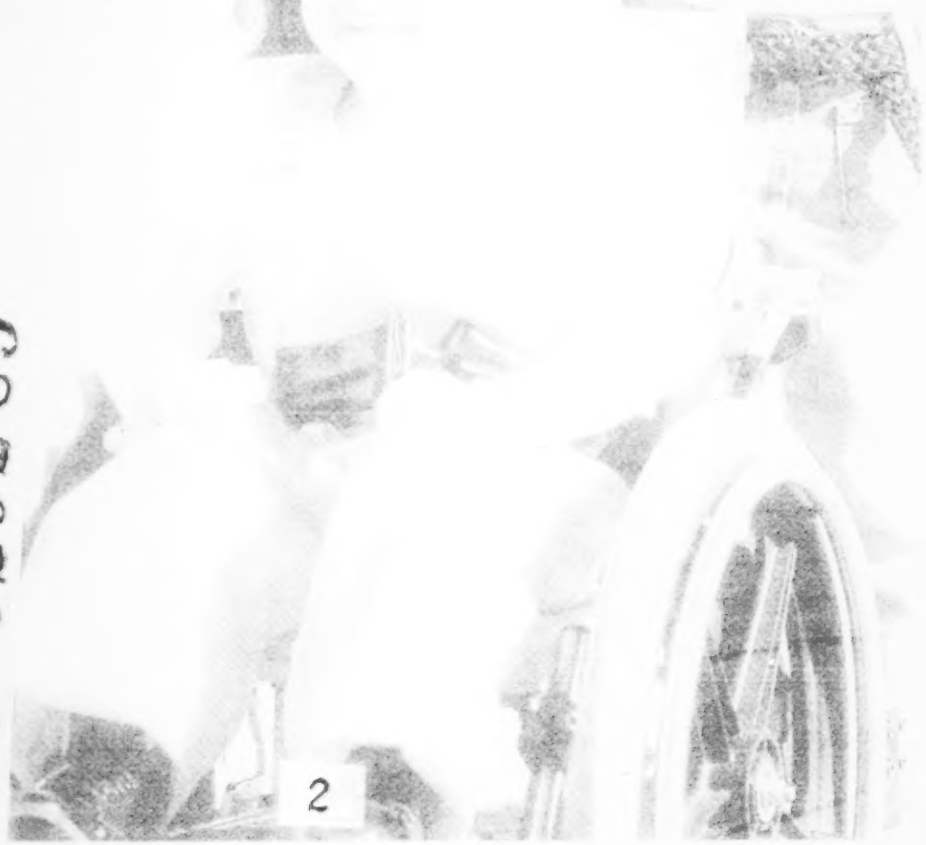

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pediatric and adolescent AIDS

injury and violence prevention

health and safety in child care

school-based and school-linked health services

families as partners

immunization

sudden infant death syndrome

genetics

perinatal systems

women's health

adolescent health

substance abuse

nutrition

oral health

information resources and services

Title V-funded training, demonstration, and research programs address the social, financial, behavioral, and structural barriers to health care faced by many women, children, and families. Areas addressed by these initiatives include:

early discharge policies for childbirth

public health training

technical assistance and consultation

children with special health needs

data analysis and applied technology

abstinence education

public/private partnerships
health promotion and prever

infant mortality reductior

hemophilia

lead poisoning

national preventive healtl

standards and guidelines

access to healthcare

HRSA

Understanding Title V of the Social Security Act

A Guide to the Provisions of the Federal Maternal and Child Health Block Grant

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FOREWORD

Since its inception, the Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) has provided a foundation for ensuring the health of our Nation's mothers and children.

With the passing of the Social Security Act in 1935, the Federal Government, through Title V, pledged its support of State efforts to extend health and welfare services for mothers and children. This landmark legislation resulted in the establishment of State departments of health or public welfare in some States, and facilitated the efforts of existing agencies in others.

Over the years, the achievements of Title V-supported projects have been integrated into the ongoing care system for children and families. Landmark projects have produced guidelines for child health supervision from infancy through adolescence; influenced the nature of nutrition care during pregnancy and lactation; recommended standards for prenatal care; identified successful strategies for the prevention of childhood injuries; and developed health safety standards for out-of-home child care facilities.

This booklet provides an overview of Title V for those new to the Block Grant program and a compact guide for those familiar with the Title V programs. For each portion of the law, a short synopsis is provided and relevant criteria explained. In addition, cites for the pertinent sections of Title V are included so that those interested in more detailed information can refer to the Title itself.

Although Title V has been frequently amended over the years, the underlying goal has remained constant: continued improvement in the health, safety, and well-being of mothers and children.

Peter C. van Dyck, M.D., M.P.H.
Associate Administrator for Maternal and Child Health
Health Resources and Services Administration

OVERVIEW

Title V Then...

August 1935. In the face of the Great Depression, cutbacks in Federal health programs, and declining health for mothers and children, President Franklin Delano Roosevelt signs into law new legislation to promote and improve maternal and child health nationwide. Title V of the Social Security Act is born. Sixty-five years later, Title V remains the longest lasting public health legislation in our Nation's history. Created as part of a broad-sweeping *social* rather than *health* legislation, the legacies of Title V programs are deep and widespread.

1935-40. Title V provides programs for maternity, infant, and child care, and a full range of medical services for children, including children with congenital disabilities. By 1938, every State but one has a Crippled Children's (CC) Program aimed at the social and emotional, as well as the physical needs of these children. They represent the first medical care programs supported on a continual basis with Federal grants-in-aid money.

1940s. The Emergency Maternity Infant Care Program (EMIC), administered by the Maternal and Child Health Bureau and the State Title V agencies, establishes a service delivery system that provides free and complete maternity and infant health care for the wives and infants of the four lowest grades of servicemen. At the time of its implementation, EMIC represents the most extensive public medical care program in U.S. history.

1950s. New program initiatives are developed to respond to new information about infant mortality rates and risks and information that points to the movement of health care providers away from the cities and rural areas toward suburban areas. In addition, this decade sees the beginning of special funding for projects targeting "mentally retarded" children, later referred to as MR funds.

1960s-70s. The Maternal and Infant Care Programs (MIC) and Children and Youth Programs (C&Y) provide comprehensive child and reproductive health care services to millions of low-income women and children. The services developed by the programs for prenatal care, well-baby care, and family planning become models for the country.

1970s. The Improved Pregnancy Outcomes Program (IPO) promotes greater access to appropriate levels of care for pregnant women and infants in chosen geographic regions. The 34 States that participate in this program—including 13 that have very high rates of infant mortality—experience greater rates of decline in infant mortality than does the rest of the country.

1980s. The Maternal and Child Health Services Block Grant is created in 1981, consolidating under Title V seven former categorical child health programs into a single program of formula grants to States supported by a Federal special projects authority. States adopt injury prevention as a public health issue. The Emergency Medical Services for Children (EMSC) program is created in recognition of the fact that children have special needs when they are critically ill or injured. The program provides training and education in pediatric emergency health care, and influences the development of pediatric emergency equipment and standards.

1990s. The Maternal and Child Health Bureau and its partners remain dedicated to improving the health of all the Nation's women and children. Significant amendments to Title V in 1989 and adoption of the Government Performance Results Act (GPRA) of 1993 usher in an era of greater sophistication in assessing unmet service needs and improved accountability in measuring program performance and strengthening an already close Federal-State partnership. State data on health status and services are collected electronically and made available nationally via the Title V Information System Web site (www.MCHDATA.net). Major new child health legislative initiatives—Healthy Start in 1991 and the State Child Health Insurance Program (SCHIP) in 1997—target long-standing national concerns over infant mortality and uninsured children, drawing heavily on MCH professional expertise and organizational support. Abstinence Education is added to Title V as a categorical program separate from the Block Grant in 1996.

2000. The Maternal and Child Health Bureau assumes responsibility for new legislative programs to support Newborn Hearing Screening and Poison Control Centers. Major new funding for community-based abstinence education is added to SPRANS.

Title V Today... Leadership, Performance, Accountability

- Title V remains the only Federal program that focuses solely on improving the health of all mothers and children.
- Title V is a partnership with State Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) programs, reaching across economic lines to support such core public health functions as resource development, capacity and systems building, population-based functions such as public information and education, knowledge development, outreach and program linkage, technical assistance to communities, and provider training.
- Title V makes a special effort to build community capacity to deliver such enabling services as care coordination, transportation, home visiting, and nutrition counseling, which complement and help ensure the success of State Medicaid and SCHIP medical assistance programs.
- Title V funds support programs for children with special health needs to facilitate the development of family-centered, community-based, coordinated systems of care.
- Title V-supported programs provide gap-filling prenatal health services to more than 2 million women and primary and preventive health care to more than 17 million children, including almost 1 million children with special health needs.
- Special projects target underserved urban and rural areas with efforts at the community level that promote collaboration between public and private sector professionals, leaders, and health care providers.
- A new cadre of trained pediatric emergency specialists, more emergency equipment suited to the special needs of children are available, and protocols to ensure that more young lives can be saved in emergency situations are in place.
- Today many historical legacies of Title V survive as key components of local and State systems of care.

MCH Pyramid of Health Services

Direct Health Care Services:
(gap filling)
Examples: Basic Health Services, and Health Services for CSHCN
Enabling Services:
Examples: Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, Coordination with Medicaid, WIC, and Education
Population-Based Services:
Examples: Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition and Outreach/Public Education
Infrastructure Building Services:
Examples: Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems

The conceptual framework for the services of the Title V Maternal and Child Health Block Grant is envisioned as a pyramid with four tiers of services and levels of funding that provide comprehensive services for mothers and children. The pyramid also displays the uniqueness of the MCH Block Grant, which is the only Federal program that consistently provides services at all levels of the pyramid.

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INTRODUCTION

The Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) has operated as a Federal-State partnership since 1935, when the Social Security Act (the Act) was passed. The Federal Government, through Title V, pledged its support of State efforts to extend health and welfare services for mothers and children. This landmark legislation resulted in the establishment of State departments of health or public welfare in some States, and facilitated the efforts of existing agencies in others. Title V has been frequently amended in ensuing years to reflect changing national approaches to maternal and child health and welfare issues. When the Title V program was converted to a block grant as part of the Omnibus Budget Reconciliation Act of 1981 (OBRA '81), PL 97-35, seven categorical programs were consolidated: maternal and child health and services for children with special health needs; supplemental security income for children with disabilities; lead-based paint poisoning prevention programs; genetic disease programs; sudden infant death syndrome programs; hemophilia treatment centers; and adolescent pregnancy prevention grants. Sweeping amendments enacted under the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), PL 101-239, introduced stricter requirements for the use of funds and for State planning and reporting. Congress added a separate Abstinence Education program to Title V as part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Major additional funding for abstinence education projects was initiated in 2000.

The following is an overview of Title V for those new to the MCH program and a compact guide for those familiar with the Title V programs. For detailed information, please refer to the Title itself.[1] Pertinent sections of Title V are cited for each portion of the law described in this publication.

Authorization of Appropriations (Section 501)

Funds are authorized for use by the States and the Secretary of Health and Human Services for the purposes described in this publication. OBRA '89 amendments require that State and Federal Title V program activities "to improve the health of ***all*** mothers and children" be formulated in terms of their consistency with "applicable" Year 2000 Objectives (now 2010).

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[1] In 1996, the Maternal and Child Health Bureau (MCHB) published a volume (and CD-ROM) entitled *Legislative Base: Maternal and Child Health Services Block Grant*. It is a ready reference in the administration of Title V and is a rich source of historic legislation and documents in the history of child health and welfare. In addition to Title V, this publication includes other relevant provisions of the Social Security Act, Public Health Service Act, Civil Rights Act, and many related child health and welfare laws. Inquiries concerning this publication may be addressed to: Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536, 703-356-1964 (phone), 703-821-2098 (fax), nmchc@circsol.com (e-mail).

Table 1 displays the authorization and appropriations levels since initiation of the MCH Block Grant.

Table 1. Changes in Maternal and Child Health Authorization and Appropriation Levels, Fiscal Years 1982-2000 (in millions)

Fiscal Year	Authorizations	Appropriations		
		Total	Block Grant to States	Discretionary Grants
1982	$373.00[1]	373.75	316.20	57.55
1983	478.00[2]	478.00[2]	422.05	55.95
1984	478.00[3]	399.00	339.15	59.85
1985	478.00	478.00	406.30	71.70
1986	478.00	457.45	388.83	68.62
1987	553.00[4]	496.75	421.12	75.63
1988	557.00[4]	526.57	444.28	82.29
1989	561.00[4]	554.27	465.29	88.98
1990	686.00[5]	553.63	470.58	83.05
1991	686.00	587.30	499.21	88.09
1992	686.00	649.57	547.08	102.49
1993	686.00	664.53	557.94	106.59
1994	705.00[6]	687.03	574.55	112.48
1995	705.00	683.95	572.26	111.69
1996	705.00	678.20	568.00	110.20
1997	705.00	681.00	567.95	113.05[7]
1998	705.00	681.08	567.91	113.17[7]
1999	705.00	699.78	580.29	119.49[7]
2000	705.00	709.13	586.78	122.35[7,8]

[1] P.L. 97-35 (1981) $375 million for FY 1982 and beyond.

[2] The total for 1983 and the MCH Block Grant amount include $105 million from the "Jobs Bill" designated as being for the care of mothers and children.

[3] P.L. 98-369 (1984) $478 million for FY 1984 and beyond.

[4] P.L. 99-509 (1986) $553 million for FY 1987, $557 million for 1988 and $561 for 1989.

[5] P.L. 101-239 (1989) $686 million for FY 1990 and beyond.

[6] P.L. 103-432 (1993) $705 million for FY 1994 and beyond.

[7] Appropriations Language provided an increase in SPRANS for funding Traumatic Brain Injury grants: FY 1997 – $2.9 million; FY 1998 – $3.0 million; FY 1999 – $5 million; and FY 2000 – $5 million.

[8] Appropriations Language provided an increase in SPRANS for funding specified family-centered outreach grants: FY 2000 – $595,000.

Source: Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. *Summary of Federal Appropriation for MCH Bureau Program*, (unpublished), February 1999.

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Funding and Allocation Provisions *(Section 502)*

The MCH Block Grant contains three major funding categories. MCH Formula Grants to States are awarded to State health agencies on the basis of the number of children in poverty in a state in relation to the total number of such children nationally, and represent the largest funding component of Title V (roughly 85 percent). Federally administered Discretionary Grants of two types—Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems (CISS)—are awarded on a competitive basis to a variety of applicant organizations. These components are administered in a complementary fashion in support of providing quality health care to all mothers and children. The Federal-State allocation formula, last amended by OBRA '89, requires that:

- of the amounts appropriated for a fiscal year that are in excess of $600 million, the Secretary retains 12.75 percent for six categories of projects described later in this publication and first funded in FY 1992. These projects are commonly referred to as CISS projects;
- of the remaining amount appropriated, after the Secretary has retained the 12.75 percent described above, 85 percent of such funds is allocated to States by formula and the Secretary retains 15 percent for use in funding SPRANS discretionary grants, as described later in this publication; and
- the amount available for the States is allocated based on two factors:
  a. the amount awarded to the States in 1981 for the pre-block programs later consolidated into the State grant (total $422 million); and
  b. the remaining amount is distributed based on the proportion of low income children that a State bears to the total number of such children for all the States.

Criminal Penalties for False Statements *(Section 507)*

As with Medicare and other Federal-State health care programs, criminal penalties (including fines up to $25,000 and imprisonment up to five years) may be imposed on individuals or entities for certain acts of health care fraud or abuse against Title V-funded programs. In addition, as an administrative remedy, section 1128A of the Act allows assessment of civil money penalties and other sanctions, including exclusion from participation in Federal health programs, for certain submissions of false claims or other fraud and abuse activities.

Discrimination Prohibitions *(Section 508)*

Title V prohibits exclusion from participation, denial of benefits, or discrimination in any program or activity funded in whole or in part with Title V monies on the basis of race, color or national origin, sex, age, religion or handicapping condition.

Administration of Title V *(Section 509)*

The Maternal and Child Health Bureau (MCHB) is the identifiable administrative unit designated by the U.S. Secretary of Health and Human Services to be responsible for:

- the MCH Formula Grants to States program;
- the Federal SPRANS and CISS discretionary grant programs;
- promoting coordination at the Federal level of the activities authorized under Titles V and XIX of the Act, especially Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), related activities funded by the Departments of Agriculture and Education, and under health block grants and categorical health programs, such as immunizations, administered by HHS;
- disseminating information to the States in such areas as preventive health services and advances in the care and treatment of mothers and children;
- in cooperation with the National Center for Health Statistics and in a way that avoids duplication, collection, maintenance, and dissemination of information relating to the health status and health service needs of mothers and children in the United States; and
- providing technical assistance in preparing reports to Congress for Title V using health status and program performance information required to be reported by the States; assisting States to develop care coordination services; and distributing a national directory listing State toll-free numbers. A major area for technical assistance to States throughout the 1990s was the creation of consistent and accurate data collection mechanisms which enable them to comply with OBRA '89 and Government Performance and Results Act (GPRA) of 1993 reporting requirements.

MCHB is a component of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS). Title V has been administered as a public health program since 1969. Before then, Title V was administered by the Children's Bureau, initially in the Department of Labor before its transfer in 1946 to what is now the Department of Health and Human Services. In addition to Title V, MCHB administers five Public Health Service Act programs: Healthy Start, a targeted infant mortality reduction initiative, begun in 1991; the Emergency Medical Services for Children program, enacted in 1984; and the Traumatic Brain Injury State Demonstration

Grant Programs, enacted in 1996; the Universal Newborn Hearing Screening Program, enacted in 2000; and the Poison Control Centers Enhancement and Awareness Act, enacted in 2000.

Each State's health agency is responsible for the administration (or supervision of the administration) of programs carried out with allotments made to the State under Title V. An exception is made for States which, on July 1, 1967, provided for administration (or supervision) of the State Children with Special Health Care Needs (CSHCN) plan by a State agency other than the State health agency; these States are "grandfathered" into compliance with this requirement.

FORMULA GRANTS TO STATES

Purposes of MCH Formula Grants to States *(Section 501)*

The MCH Services Block Grant has, as its general purpose, the improvement of the health of ***all*** mothers and children in the Nation consistent with the applicable health status goals and national health objectives established by the Secretary under the Public Health Service Act for the Year 2000 (now 2010).

The MCH Formula Grants to States are to enable each State:

- to provide and assure mothers and children (especially those with low income or limited availability to services) access to quality MCH services;
- to reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children; to reduce the need for inpatient and long-term care services; to increase the number of children appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services; and otherwise to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women, and to promote the health of children by providing preventive and primary care services for low income children;
- to provide rehabilitation services for blind and disabled individuals under the age of 16 years receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX; and
- to provide and promote family-centered, community-based, coordinated care (including care coordination services as defined in the legislation) for children with special health care needs and to facilitate the development of community-based, systems of service for such children and their families.

Assignment of Federal Personnel in Lieu of Block Grant Funds *(Section 503)*

States may request the assignment of Federal personnel to their agencies in place of Block Grant funds. States may also use their funds to directly support National Health Service Corps personnel assigned to the State. Requests are made by a State in its application for MCH Block Grant funds.

Obligations, Expenditures, and Matching Requirements *(Section 503)*

Funds allocated to States are available for obligation and expenditure over a two-year period. For example, funds appropriated and allocated to the States in FY 1999 (starting October 1, 1998) are available for obligation and expenditure through September 30, 2000.

States must provide a three dollar match for every four Federal dollars allocated. "In-kind" matching is permitted, but Federal funds from other sources may not be used to match the Federal MCH Block Grant allocation.

Prohibitions *(Section 504)*

The States may use MCH Block Grant funds for provision of health services and related activities consistent with its application.

Amounts cited in the State's approved and funded application may **NOT** be used for:

- inpatient services, other than for children with special health care needs or high-risk pregnant women and infants and such other inpatient services as the Secretary may approve;
- cash payments to intended recipients of services;
- the purchase or improvement of land, the purchase, construction, permanent improvement of any building or facility (other than minor remodeling), or the purchase of major medical equipment;
- satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds. Further, Federal funds from other block grants (e.g., Preventive Health) may be transferred into the MCH Block Grant Program by States, but MCH Block Grant funds may not be transferred to any other program; and
- providing funds for research or training to any entity other than a public or nonprofit private entity.

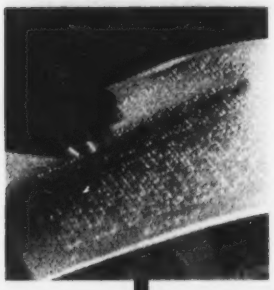
Application for the State Allocation *(Section 505)*

In order to receive Federal Title V payments, each State must prepare and transmit to the Secretary a standardized application for its Block Grant. The purpose is to provide a mechanism for program planning, management, measurement of progress, and accounting for the costs of State efforts. These applications for each fiscal year must be received by July 15 of the fiscal year preceding that which the application addresses (e.g., July 15, 1998, for FY 1999, which begins on October 1, 1998).

The major application requirements are:

- a statewide needs assessment (to be conducted every 5 years) that identifies (consistent with the health status goals and national health objectives) the need for:
  - preventive and primary care services for pregnant women, mothers and infants up to age one year;
  - preventive and primary care services for children;
  - family-centered, community-based services for children with special health care needs and their families; and
  - a review of the data items to be used in the needs assessment.
- for each fiscal year:
  - a plan for meeting the needs identified by the statewide needs assessment; and
  - a description of how the funds allotted to the State will be used for the provision and coordination services in the plan to include: goals and objectives for activities to address needs; identification of areas in the State where services are to be provided and coordinated; identification of types of services to be provided and the categories or characteristics of individuals to be served; and information the State will collect in order to prepare required reports.
- States will use:
  - at least 30 percent of Federal MCH Block Grant funds received for preventive and primary care services for children; and
  - at least 30 percent of Federal MCH Block Grant funds received for services for children with special health care needs.

    (Based on a specified demonstration of extraordinary unmet need by a State, the Secretary may approve a waiver of these allocation requirements.)



- state "maintenance of effort" (i.e., State will maintain the level of funds being provided solely by such State for maternal and child health programs at a level at least equal to the level provided in FY 1989);
- a "fair method" (as determined by the State) to allocate Block Grant funds within the State;
- guidelines for frequency and content of health care assessments/services and methods for assuring quality of such assessments/services;
- assurance that funds will only be used to carry out the purposes of Title V, or to continue activities conducted under the consolidated health programs prior to the 1981 establishment of the MCH Block Grant;
- publication of a schedule of State charges for any services for which charges are made, assurance that charges will not be imposed on low income mothers and children, and will be adjusted to reflect the income, resources, and family size of individuals;
- state toll-free number (and other appropriate methods) to be provided to make available to parents information about health care providers and practitioners who provide services under Title V and Title XIX as well as other relevant information;
- state agency participation in coordinating activities of the Title V programs with those of EPSDT, supplemental food programs (WIC), and other health, developmental disability and family planning programs to avoid duplication of effort and to ensure effectiveness of all programs; and
- provision of outreach services to identify pregnant women and infants who are eligible for services under the State's Medicaid program and assist them in applying for Medicaid assistance.

The application must be developed by or in coordination with the State's MCH agency and made public within the State in a way that facilitates public comment.

Regulations, Reports, and Audits *(Section 506)*

The MCH Block Grant is governed by regulations found at 45 CFR Part 96. Audits are required every two years, except that States may utilize the Single Audit Act provisions of Federal law. States are guided by the legislation and regulations. Regulations governing MCH discretionary project grants are found at 42 CFR Part 51a.

Since 1991, each State has prepared and submitted to the Secretary an annual report on its activities under Title V. The annual report is submitted by the date specified in the annual call for reports issued by MCHB. Information required in this report is specified in Federal guidance issued by MCHB.

To make data from State annual reports (and grant applications) more accessible, MCHB has developed an electronic Title V Information System (IS) in conjunction with a major reorganization of its Federal guidance. This interactive system, available as of 1999 via the Internet, is designed to capture standardized GPRA-compatible State performance and health outcome measurement data; fiscal data and numbers of clients served by class of individual, source, and service type; screening and treatment data; State priority needs; State Title V initiatives; MCH toll-free hotline data; and CSHCN service system data. The ability to access and summarize the wealth of data contained in State applications and annual reports invigorates collection of the uniform Title V program data mandated under OBRA '89.

DISCRETIONARY GRANTS

SPRANS Project Categories and Funding Levels *(Sections 501 and 502)*

OBRA '81 authorized a Federal set-aside for Special Projects of Regional and National Significance (SPRANS) as part of the MCH Block Grant. This set-aside permits retention of 15 percent of the appropriation each fiscal year to support continuation of certain categorical programs. OBRA '89 defined two set-asides for discretionary programs—SPRANS and Community Integrated Service Systems (CISS).

Fifteen percent of MCH Block Grant funds are set aside for SPRANS programs in the following general categories:

- MCH research;
- MCH training;
- genetic disease testing, counseling and information dissemination;
- hemophilia diagnostic and treatment centers; and
- other special projects to improve maternal and child health.

Table 2 displays the funding levels for SPRANS Grants since initiation of the Block Grant in 1982. No percentage of the available funds is specified by law for any particular category of grant.

Table 2. SPRANS Grant Funding Levels, Fiscal Years 1982-2000 (in Millions) by Category of SPRANS Grant

Year	Total	Research	Training	Genetics	Hemophilia	Other
1982	57.55	2.35	29.92	7.25	2.60	17.43
1983	55.95	3.70	26.66	7.33	2.60	15.66
1984	59.85	4.70	27.50	7.40	3.03	17.22
1985	71.70	6.00	29.50	8.00	3.60	24.60
1986	68.62	5.35	28.28	7.50	3.45	24.04
1987	75.62	6.20	28.40	8.81	3.69	28.52
1988	82.28	7.20	29.43	10.89	3.69	30.97
1989	88.98	7.20	30.33	13.87	4.70	32.88
1990	83.04	7.60	30.86	7.00	4.70	32.88
1991	88.10	7.75	32.66	7.95	4.90	34.84
1992	96.11	7.53	35.10	9.59	5.20	38.69
1993	98.37	6.98	35.19	9.29	5.37	41.54
1994	101.39	7.23	36.80	9.29	5.32	42.75
1995	100.99	8.29	35.77	9.24	5.30	42.39
1996	100.23	7.13	41.00	9.19	5.30	37.61
1997	103.08	8.82	42.02	9.26	5.30	37.68
1998	103.21	9.59	40.50	9.23	5.30	42.03
1999	107.43	9.60	41.00	9.50	5.30	42.03
2000	109.14	8.53	41.83	9.20	5.35	44.24

Source: Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services: *Summary of Federal Appropriation for MCH Bureau Program*, (unpublished), February 1999.

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Description of SPRANS Project Categories

- **Research Grants.** Research projects are intended to develop new knowledge and approaches to the health problems of mothers and children, including children with special health care needs, which can be translated into improved health care delivery or which can facilitate the management or delivery of health care for the target populations.
- **Training Grants.** Training programs address the need to provide skilled leadership personnel to conduct effective and efficient maternal and child health programs and to develop and provide specialized support and services needed by these programs. These programs are focused on: training a variety of specialized health professionals required to provide comprehensive maternal and child health care; providing specialized clinical or laboratory services not routinely available; providing professional consultation and technical assistance; upgrading skills and competencies of State and local MCH personnel; developing standards, procedures, guidelines and manuals, and disseminating programmatic information; and insuring that academic training curricula incorporate current content and skill areas which will best serve program needs.
- **Genetics Grants.** The genetic disease education, testing and counseling programs are carried out in conjunction with other health service programs, including programs supported by Title V funds. Linkages with maternity care and newborn services extend testing and counseling services to additional persons in their childbearing years. These programs provide for the testing, counseling, referral and follow-up of individuals and families at risk of or affected by genetic disorders through broad-based programs.
- **Hemophilia Grants.** Hemophilia is a low prevalence disease, but it requires a disproportionate amount of health care dollars and resources. Hemophilia has served as a model for regionalization of comprehensive chronic disease care, a strategy for assuring quality and controlling costs. The Hemophilia Diagnostic and Treatment Centers program is characterized by strong interrelationships between the State programs and the discretionary SPRANS grant program. Grants for Hemophilia Diagnostic and Treatment Centers: (1) support development of regional programs with support from State Title V programs and other resources; and (2) demonstrate a regionalized approach applicable to other chronic and handicapping conditions.

- **Other Special Projects to Improve Maternal and Child Health.** These "other" demonstration projects provide for innovative approaches to: early intervention training and services development; newborn screening for sickle cell and other genetic disorders; sudden infant death syndrome; lead poisoning; perinatal and women's health; adolescent health; abstinence education, nutrition; oral health; and service provision for children with chronic illness and specific handicapping conditions. Other groups of projects focus on: childhood injury and violence prevention; health and safety in child care; school-based and school-linked health services; enhancement of family-centered, community based health care; promotion of public/private and family partnerships; national preventive health standards and guidelines; development of information resources; data analysis and applied technology; and technical assistance and consultation.

Description of Community Integrated Service Systems (CISS) Project Categories *(Section 501(a)(3))*

OBRA '89 designates 12.75 percent of the amount appropriated above $600 million for the following six categories of grants:

A. maternal and infant health home visiting programs;

B. projects to increase participation of obstetricians and pediatricians under Title V and Title XIX programs;

C. integrated maternal and child health service delivery systems;

D. maternal and child health centers providing pregnancy services for women and preventive and primary care services for infants (up to one year) operating under the direction of a not-for-profit hospital;

E. maternal and child projects to serve rural populations; and

F. outpatient and community-based services programs (including day care services) for children with special health care needs, whose medical services are provided primarily through inpatient institutional care.

Preference is given to applicants who demonstrate that activities in category (A) through (E) will be carried out in areas with a high infant mortality rate (relative to the average rate in the United States or in the State). For activities described in category (D), the Secretary shall not provide for developing or expanding a maternal and child health center unless there are assurances that matching funds equal to the Federal award will be provided for the development or expansion.

Eligibility
(Section 502)

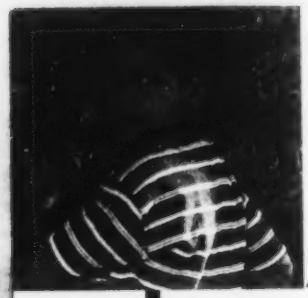
Research Projects Funds for research may be used to make grants to, contracts with, or jointly finance cooperative agreements with public or nonprofit institutions of higher learning, with public or nonprofit private agencies and organizations engaged in research, with maternal and child health programs or programs for special health care needs which meet the specified criteria.

Training Projects Only public and private non-profit institutions of higher learning are eligible to receive funds for training.

Other SPRANS and CISS Projects Any public or private entity is eligible to receive grants in the "other" special projects categories of SPRANS and CISS, including for-profit entities. The single exception is in category (D) of CISS, where projects must operate under the direction of a not-for-profit hospital.

How to Apply for a SPRANS or CISS Grant

In general, availability of funds for SPRANS and CISS grants is announced twice a year in the *Federal Register* as part of the *HRSA Competitive Grants Preview* publication that reviews all HRSA programs which anticipate awarding grants during the period. The *Preview* includes instructions on how to access information, assess eligibility, and receive application kits for all competitions announced. Most project categories provide technical assistance; a contact person is listed for each including an e-mail address. Entities eligible to receive a grant and desiring to apply for one may request a copy of the current *Preview* or an application kit from the HRSA Grants Application Center by calling: 1-888-333-HRSA; or, by e-mail, by contacting: hrsa.gac@ix.netcom.com. The *Preview* is also available on the HRSA Homepage via the Wide World Web at: http://www.hrsa.gov.



ABSTINENCE EDUCATION

Separate Abstinence Education Grant Program *(Section 510)*

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104-193) added to Title V a new program of formula grants to States for abstinence education. Starting in FY 1998, the program is funded at $50 million annually for five years. States are required to provide a match of $3 for every $4 of Federal funds. With requirements separate from the MCH Block Grant, funds are allotted in response to State applications to enable each State to provide abstinence education, and at State option, where appropriate, mentoring, counseling, and adult supervision, to promote abstinence from sexual activity, with a focus on those groups most likely to bear children out-of-wedlock.

The law includes the following eight-point definition. The term "abstinence education" means an educational or motivational program which:

- has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Federal guidance for the Abstinence Education Grant Program was issued in May 1997. It includes complete application instructions for State health agencies and uniform annual program reporting requirements. The first round of abstinence education grants was awarded in November 1997. All 50 States and two territories applied for FY 1998 funds. In FY 1997, Congress also authorized a major independent HHS evaluation of the impact of abstinence-only programs. Application guidance is available on the World Wide Web at: http://www.mchb.hrsa.gov.

Contact us:

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A list of contacts for State Maternal and Child Health and Children with Special Health Care Needs programs is available on request.

U.S. Department of Health and Human Services
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